ŞÜBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Date Simb (Received)

JUN 062013 APPLICATION FOR PERMIT JUN 062013

Date: Refund: Amount Paid: Permit #: #130 6-6-18 2000 $\overline{\omega}$ (THENED)

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

☐ Shoreland —▶ ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	Section $2\mathfrak{A}$, Township S h N, Range \mathfrak{OS} W	<u>NW_1/4, NE_1/4</u> Gov't Lot Lot(s)	PROJECT Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	contractor: Self / Backweeds Los Homes	87840 Harry Hollow Rd	Gary R Wold	100	TOD NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT	
ke, Pond or Flowage If yescontinue	er, Stream (ind. Intermittent) If yescontinue	Tow	CSM Vol & Page	04-0060 Slos 2	Agent Phone:	Contractor Phone: 612-508-3049	City/State/Zip:	476 208 TAVE	Mailing Address:	PRIVY	
Distance Structure is from Shoreline:	Distance Structure is from Shoreline :	Bay Field	Lot(s) No. Block(s) No.	PIN: (23 digits) 105 29 102 000 10000	Agent Mailing Address (include City/State/Zip):	Plumber:	H1845 IM	Somerset WE SYDON		HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)	
ř	ä	Lot Size	Subdivision:	Recorded Document: (i.e. Property Ownership) Volume 1089 Page(s) 294	/State/Zip):			- SYOUS		ICATION (visit our website www	
□ Yes	Is Property in Floodplain Zone?	Acreage 4 0		ent: (i.e. Propei	Written Author Attached □ Yes □ No	Plumber Phone:	760-2299	-446	_ = ∵	www.bayfieldcounty.org/zc	
□ Yes □ No	Are Wetlands Present?	0		t: (i.e. Property Ownership) Page(s) 2 9 6	Written Authorization Attached □ Yes □ No	hone:	3299	8025	716	.org/zoning/asp)	

				105,000	n.	200	Value at Time of Completion * include donated time & material
	Property	🗆 Run a Business on 💄 📈 No Basement	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project (What are you applying for)
	☐ Foundation	No Basement	□ Basement	☐ 2-Story	M 1-Story + Loft	□ 1-Story	# of Stories and/or basement
					💢 Year Round	☐ Seasonal	Use
		□ None		□ 3	X 2	H	# bedrooms
□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	X (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
	I	<u> </u>			X Well	□ City	Water

Non-Shoreland

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		Proposed Construction:	χ.	
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			Existing Structure: (If permit being applied for is relevant to it)	
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Proposed Use	•	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	(x)
	Ø	Residence (i.e. cabin, hunting shack, etc.)	135 x 35	7) 1225
		with Loft	1 35x 18	S. J. SAMPLY
X Residential Use		with a Porch	31 x 121)	181 252
		with (2 nd) Porch	(×)
		with a Deck	(35 x /2	2) 420
		with (2 nd) Deck	(x)
☐ Commercial Use		with Attached Garage	(x)
		Bunkhouse w/ (\square sanitary, <u>or</u> \square sleeping quarters, <u>or</u> \square cooking & food prep facilities)	(x)
		Mobile Home (manufactured date)	×	
:		Addition/Alteration (specify)	×	_
□ Iviunicipal use		Accessory Building (specify)	×)
THE PERSONAL PROPERTY AND PROPE		Accessory Building Addition/Alteration (specify)	(x)
Rec'd for Issuance				
		Special Use: (explain)	(×	
		Conditional Use: (explain)	×	
Carreto isl Ctoff		Other: (explain)	×	
	_			

FAILURE TO OBTAIN A PERMIT Or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

If (we) declare that this application (including any accompanying information) has been examined by me [us] and to the best of my (our) knowledge and belief it is true, correct and complete. If (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. If (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. If (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s): (If there are Multiple Owners listed on the 2 Deed All Owners must sign or letter(s) of authorization must accompany this application) Date 4-5-13

Authorized Agent:

(If you

on behalf of the

er(s) a letter of authorization

pany this application)

Date

Address to send permit

476 signing

2087

A18 Somerset AP 54045 Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Changes in plans must be approved by the Planning & Zoning Dept.

Setbacks: (measured to the closest point)

Please complete (1) - (7) above (prior to continuing)

the state of the s	Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the second content of the minimum required setback, the boundary line from which the second content of th	setback, the bo	(10) feet of the minimum requires yor at the owner's expense.	Prior to the placement or construction of a structure within ten (10) feet of the minimum re other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
visible from one previously surveyed corner to the	The form which the certhack must be massifed must be visible from one	Feet	٠ ج	Setback to Privy (Portable, Composting)
		reet	Proposed 7 10	Setback to Drain Field
		1 400	Can bos en	Setback to Septic Tank or Holding lank
30' Feet	Sethack to Well	Coot	- /	
		- Table 1		DELDGEN HOLL THE EGGS FOR PLACE
	Elevation of Floodplain	Feet	935	Cathack from the East of line
Feet	Setpack Iron 20% Slope Alea	Feet	35%	Setback from the West Lot Line
Feet	Settoden i Gist Company	reet	X	Setback from the South Lot Line
Feet	Cathack from Wetland		00.10	Setback from the North Lot Line
		Feet	707	
	Setback from the Bank or Bluff	10000 10000	-3	
Foot	Setback from the Kiver , Stream, Creek	Feet	× × ×	Sethack from the Established Right-of-Way
Feet	i di	Feet	383	Setback from the Centerline of Platted Road
A Feet	(continue high water mark)			
				nead page
Measurement	Description	51	Measurement	T A STREET
				(o) Setwacks. (incapared to me in

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

***************************************		Hold For Fees:	Hold For Sanitary: N Hold For TBA: X 2-18-13 Hold For Affidavit:
@/13/20	Date of Approval: 6/13/26		Signature of Inspector:
) }
			inspector Dror to starting construction.
D C 4 4 8 0 F	Contract ()	brail from pre	Condition(s):Town, Committee or Board Conditions Attached? Yes No (II No they need to be attached.) Condition(s):Town, Committee or Board Conditions Attached? Yes No (II No they need to be attached.) Condition(s):Town, Committee or Board Conditions Attached? Yes No (II No they need to be attached.) Condition(s):Town, Committee or Board Conditions Attached? Yes No (II No they need to be attached.) Condition(s):Town, Committee or Board Conditions Attached? Yes No (II No they need to be attached.) Condition(s):Town, Committee or Board Conditions Attached? Yes No (II No they need to be attached.) Condition(s):Town, Cond
)	Date of Re-Inspection:		Date of Inspection: 6/11/2013 Inspected by: Robert Schloman
tion ()	Lakes Classification (permed.	identify core complicut location. OR to issue L/o permit.
) J No	Yes	Were Property Lines Represented by Owner Was Property Surveyed	Was Proposed Building Site Delineated Yes □ No Were Property Lir
	***	by variative (D.Cv) Case #:	Granted by Variance (B.O.A.) [Yes] No Case #: (A) A [Yes] No
□ Yes XX No	Affidavit Required		Is Parcel a Sub-Standard Lot ☐ Yes (Deed of Record)
			Permit # 13-6805 Permit Date: 7-28-15
			Permit Denied (Date): Reason for Denial:
FB	Sanitary Date: 6-19-13	# of bedrooms:	Issuance Information (County Use Only) Sanitary Number: 3-475

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

JUL 23 2013

Date: Refund: Permit #: Amount Paid: 7-24-13

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

☐ Shoreland — ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (and Intermittent) Creek or Landward side of Floodplain? If yes—continue—	Section // , Township SON N, Range OH W	$NE_{1/4}$, $NE_{1/4}$ Gov't Lot Lot(s)	PROJECT Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: SELF	86845 MEYERS OLSON Rd	Michael & NANCY Michaud	Owner's Name:	TYPE OF PERMIT REQUESTED→
\		Town of:	(s) CSM Vol & Page V 10 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	PIN: (23 digits) 04- 006-2-50-04	Agent Phone: Agent I	Contractor Phone: Plumber:	BAYFIELD	86845 MEXERSOLLAN	Mailing Address:	PRIVY
Distance Structure is from Shoreline :	Distance Structure is from Shoreline :		Lot(s) No. Block(s) No. Sub	 3	Agent Mailing Address (include City/State/Zip):	er:	m1848 10	81845 MEXERSOLLANDE BAY FIELD WIST	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE
e : □ Yes feet □ □ Yes	e: Is Property in feet Floodplain Zone?	545'x 411 5.01	Subdivision:	Document: (i.e		Plumber Phone:	65/3	54814 Cell Phone:	Telephone:	□ B.O.A
□ Yes ∑∗No	Are Wetlands Present?	. 0		Property Ownership) Page(s) 5064507	Written Authorization Attached □ Yes K No	hone:	651-380-352	. .		THER

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	☐ New Construction	1-Story	☐ Seasonal	1 1	☐ Municipal/City	City
•	Addition/Alteration	□ 1-Story + Loft	Year Round	□ 2	(New) Sanitary Specify Type:	Well
5,000	☐ Conversion	□ 2-Story	BY STORAGE	3	Sanitary (Exists) Specify Type: SEPTIC	
,	☐ Relocate (existing bldg)	☐ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on •	No Basement		X None	☐ Portable (w/service contract)	
	Property	□ Foundation			☐ Compost Toilet	•
		- Individual of the second of			□ None	
though the same of				, K	73/10	,,,
Existing Structur	Existing Structure: (if permit being applied for is relevant to it)	r is relevant to it)	Length: 3	シエ	Width: 0 7 1 Height: 16	6
				•		•

 $\hfill\Box$ is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue

Distance Structure is from Shoreline :

Proposed Construction:

Proposed Use	<	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)	\neg	x)	
		Residence (i.e. cabin, hunting shack, etc.)		×	
`		with Loft	_	×	
🛚 Residential Use		with a Porch	_	×	
		with (2 nd) Porch	_	×	
		with a Deck	_	×	1
		with (2 nd) Deck	-	×	W
☐ Commercial Use		with Attached Garage	-	×	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	-	×	NAME OF TAXABLE PARTY.
		Mobile Home (manufactured date)	-	×	
		Addition/Alteration (specify)	<u> </u>		
☐ Municipal Use		Accessory Building (specify)	-	×	- 111
Hec'd for Issuance	M	Accessory Building Addition/Alteration (specify) vtility shed by	-	10 × 24)	240
		Garden tooks + word STORAGE		, ,	Art.
		Special Use: (explain)	-	×	· ·
Population of the		Conditional Use: (explain)	_	×	
oecietaliai otali		Other: (explain)		×	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES y accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) yo fall information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the purpose of lyspedition.

Authorized Agent:

Address to send permit_

34848

Owner(s): (If there ar

are Mu

Deed All

wners must sign or letter(s) of a Modation must accompany this application)

(If you his application)

behalf of the NEYERS owner(s) a letter of authoriza OCSON

2 BAYTING 548/4

Date

Attach
Copy of Tax Statement
d the property send your Record

1.5015		Hold For Fees:		Hold For Affidavit:		Hold For TBA:		Sustaine of majoritories
		ached.) 0	they need to めば	Z (រ្វា 📮	d Conditions Attached Appeoいほう	Condition(s):Town, Committee or Board Conditions Attached? Accessory Not Approvers	ondition(s):Town, Access
Z Z	Date of Re-Inspection:	Marsher	Tourson.	Ш	Inspected by:		7-30-13	Date of Inspection:
tion (Television 1 4 1 1 1 1	182 transfer	F	bresed 1	o weep. P	Inspection Record:
⊒ No	- 4 -	Were Property Lines Represented by Owner Was Property Surveyed	Were Property Lir		No		ן≝ו	Was Proposed Bu
	Case #: ∾/A	(B.O.A.)	Previously Granted by Variance			# **	္စ	Granted by Variance (B.O.A.)
ired □Yes X8 No ched □Yes X8 No	Affidavit Required Affidavit Attached	□ Yes XNo	Mitigation Required Mitigation Attached	X X X	(Deed of Record) (Fused/Contiguous Lot(s))	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguou ☐ Yes		Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
			5	, 'S	Permit Date:		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Permit #: 12, 09/8
10 1/14/2008	Sanitary Date:	# of bedrooms:	1425	80	Sanitary Number: Reason for Denial:	Use Only)	Issuance Information (County Use Only) Permit Denied (Date):	Issuance Informa Permit Denied (Date):
<u>P)</u> , and <u>Well</u> (W).	nk (HT), Privy (F not begun. 'orm Dwelling Co	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	, Septic Tank (ST), <u>Dr</u> the Date of Issuance Municipalities Are Req "ederal agencies may a	onstruction, (1) Year from velling: ALL N ity, State or F	ion(s) of New C mits Expire One & Two Family Du Town, Village, C	oposed Locat All Land Use Per on Of New One The loca	Stake or Mark Pr NOTICE: A For The Construction	(9)
le fram one previously surveyed corner to the ack must be measured must be visible from oposed site of the structure, or must be	ist be visible from one pr the setback must be mo t of the proposed site of	setback must be measured mu the boundary line from which known corner within 500 fee	boundary line from which the the minimum required setback of a corrected compass from a	ty (30) feet from t spartment by use	t of the minimum reque cowner's expense. If feet but less than third, or verifiable by the De	a within ten (10) ree ansed surveyor at th a more than ten (10) a more than ten corner asly surveyed corner	rior to the placement of construction of a structure within ten (£U) reet of the minimum re where previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than to one previously surveyed corner to the other previously surveyed corner, or verifiable by the marked by a licensed surveyor at the owner's expense.	Prior to the placement or other previously surveyed Prior to the placement or one previously surveyed cone previously surveyed conarried by a licensed surv
1 1 1			SetDack to weil	Feet	\$ 0 C	sting)	ield Portable, Compost	Setback to Privy (Porta
					7		-	
NA Feet NA Feet		% Slope Area udplain	Setback from 20% Slope Area Elevation of Floodplain	Feet	300 200	•	West Lot Line	Setback from the West Lot Line Setback from the East Lot Line
		etland	Setback from W	Feet	180 80	*	North Lat Line	Setback from the North Lot Line Setback from the South Lot Line
NA Feet	iter mark)	e River, Stream, Creek	Setback from the Bank or Bluff Sethack from the Bank or Bluff	Feet	- 2/0	of-Way	Setback from the Established Right-of-Way	etback from the
A) A	}	1	cothack from the	- -	2	000	Contading of Plats	othook from the
Measurement		Description		ment	Measurement		Description	
Planning & Zoning Dept.	pproved by the F	Changes in plans must be approved by the Planning & Zoning Dept.	:9:		sest point)	ired to the do	Setbacks: (measured to the closest point)	(8)
					nuing)	(prior to conti	Please complete (1) – (7) above (prior to continuing)	Please comple
			tch	SKET	AMAChed	ATTI	W SE	
P	d/or (*) Privy (P)	All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	perty (*) Drain Field (DF); (ek; or (*) Pond 9%	on your Prol c Tank (ST); (Stream/Crec opes over 20	sting Structures II (W); (*) Septii :e; (*) River; (*) :tlands; or (*) Sl		Show: Show any (*): Show any (*):	(4) (5) (6)
		oad)	រ d (Name Frontage R	n rontage Roa	Proposed Construction North (N) on Plot Plan (*) Driveway <u>and</u> (*) Fro		Show Location of: Show / Indicate: Show Location of (*):	(a)

